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UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No. TTI-0001 James Clark Baker, et al. First Inventor Extended Range Infrared Communication (I Title For An Infrared Data Association (IrDA) Compliant Portable Device

APPLICATION ELEMENTS  Sam MPEP charler 801 concerning utility cannot an incircular conditation condita	ADDRESS TO:   Box Patent Application   Substantian Formation   Substantian F	(Only for new nonprovisional a	applications under 37 CFR 1.53(b))	Expres	ss Mail	Labe	No. E	K96958	2000US		
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Prior application information: Examiner Group/Art Unit:  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  18. CORRESPONDENCE ADDRESS    Customer Number or Bar Code Label	Prior application information: Examiner_ Group/Art Unit:	or in an Application Data Shee	et under 37 CFR 1.76:		iy inc it	cyaron	e miorinal	non below	r and in a pi	emmary an	nenoment,
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Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  18. CORRESPONDENCE ADDRESS    Customer Number or Bar Code Label	Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  18. CORRESPONDENCE ADDRESS    Customer Number or Bar Code Label	• •	-				ion, from v	which an	nath or deci	aration is su	nnlied under
18. CORRESPONDENCE ADDRESS  □ Customer Number or Bar Code Label    Customer Number or Bar Code Label   Customer No. or Attach bar code label here    or X Correspondence address below	18. CORRESPONDENCE ADDRESS  □ Customer Number or Bar Code Label    Customer Number or Bar Code Label   Customer No. or Attach bar code label here    Or X Correspondence address below	Box 5b, is considered a part of t	the disclosure of the accompanying co	ntinuation	or divi	sional	application	and is he	reby incorpo	rated by refe	erence. The
Customer Number or Bar Code Label     Insert Customer No. or Attach bar code label here}     or X Correspondence address below       Name     Attn: Steven Howard Goode       TriBeam Technologies. Inc.       Address     15 North Arlinaton Heights Road       Citv     Arlinaton Heights     State     IL     Zip Code     60004       Country     USA     Telephone     847-483-9901     Fax     847-483-9903       Name (Print/type)     James C. Baker, Steven H, Goode,     □     □	Customer Number or Bar Code Label   Customer No. or Attach bar code label here    or X Correspondence address below	incorporation can only be relied						ес аррис	ation parts.		
(Insert Customer No. or Attach bar code label here)           Name         Attn: Steven Howard Goode           TriBeam Technologies. Inc.           Address         15 North Arlinaton Heights Road           Citv         Arlinaton Heights         State         IL         Zip Code         60004           Country         USA         Telephone         847-483-9901         Fax         847-483-9903           Name (Print/type)         James C. Baker, Steven H, Goode,	Name   Attn: Steven Howard Goode   TriBeam Technologies. Inc.										
Name         Attn: Steven Howard Goode           TriBeam Technologies. Inc.           Address         15 North Arlington Heights Road           City         Arlington Heights         State         IL         Zip Code         60004           Country         USA         Telephone         847-483-9901         Fax         847-483-9903           Name (Print/type)         James C. Baker, Steven H, Goode,         IL         Zip Code         60004	Name Attn: Steven Howard Goode  TriBeam Technologies. Inc.  15 North Arlington Heights Road  City Arlington Heights State IL Zip Code 60004  Country USA Telephone 847-483-9901 Fax 847-483-9903  Name (Print/type) James C. Baker, Steven H, Goode, Henry L. Kazecki	☐ Customer Number or Bar Code		or Attach i	har code	a lahai	hem)	or X	Corresponde	nce address i	below
TriBeam Technologies. Inc.           Address         15 North Arlington Heights Road           City         Arlington Heights         State         IL         Zip Code         60004           Country         USA         Telephone         847-483-9901         Fax         847-483-9903           Name (Print/type)         James C. Baker, Steven H, Goode,         IL         Zip Code         60004	TriBeam Technologies. Inc.  Address  15 North Arlington Heights Road  City Arlington Heights State USA Telephone 847-483-9901 Fax 847-483-9903  Name (Print/type) James C. Baker, Steven H, Goode, Henry L. Kazecki  Signature	Name	<u> </u>	Of Attgorn	our cour	JIDDEI	norer				
Address         15 North Arlinaton Heiahts Road           City         Arlinaton Heiahts         State         IL         Zip Code         60004           Country         USA         Telephone         847-483-9901         Fax         847-483-9903           Name (Print/type)         James C. Baker, Steven H, Goode,         IL         Zip Code         60004	Address         15 North Arlinaton Heights Road           City         Arlinaton Heights         State         IL         Zip Code         60004           Country         USA         Telephone         847-483-9901         Fax         847-483-9903           Name (Print/type)         James C. Baker, Steven H, Goode, Henry L. Kazecki         Henry L. Kazecki         Date										
City         Arlington Heights         State         IL         Zip Code         60004           Country         USA         Telephone         847-483-9901         Fax         847-483-9903           Name (Print/type)         James C. Baker, Steven H, Goode,         IL         Zip Code         60004	City Arlinaton Heights State IL Zip Code 60004  Country USA Telephone 847-483-9901 Fax 847-483-9903  Name (Print/type) James C. Baker, Steven H, Goode, Henry L. Kazecki	Address									
Country         USA         Telephone         847-483-9901         Fax         847-483-9903           Name (Print/type)         James C. Baker, Steven H, Goode,	Country USA Telephone 847-483-9901 Fax 847-483-9903  Name (Print/type) James C. Baker, Steven H, Goode, Henry L. Kazeckij Signature				State	IL		,	Zip Code	60004	
	Signature C. Borker Date		USA			847-	483-9901		Fax		-9903
Henry L. Kazecki	Signature Date Date	Name (Print/type)	James C. Baker, Steven H, Good	de,							
	Signature Date Date		· ·	-							
Signature James C. Berker Date 11-18-00		Signature	A H	James	C. B.	coke	··		Date [1~	 18-00	· · · · ·



PTO/SB/17 (08-00)
Applied for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 557.00

Complete if Known						
Application Number	Not yet assigned					
Filing Date	18 Nov 2000					
First Named Inventor	James Clark Baker, et al.					
Examiner Name	Not yet assigned					
Group/Art Unit	Not yet assigned	_				
Attomey Docket No.	TTI-0001					

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated	3. A	DDIT	(			
fees and credit any overpayments to:	Large E	•	Small E	-	Fee Description	Fee Paid
Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)		
Account Number	105	130	205	65	Surcharge – late filing fee or oath	
	127	50	227	25	Surcharge – late provisional filing fee or cover sheet.	
Deposit Account	139	130	139	130	Non-English specification	
Name	147	2,520	147	2,520	For filing a request for reexamination	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	147	2,520	1-77	2,520	to ming a request to reexamination	
2. Payment Enclosed:	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
Check Money Other	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	115	110	215	55	Extension for reply within first month	
1. BASIC FILING FEE	116	390	216	195	Extension for reply within second month	
Large Entity Small Entity	117	890	217	445	Extension for reply within third month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118	1,390	218	695	Extension for reply within fourth month	
101 710 201 355 Utility filing fee 355	128	1,890	228	945	Extension for reply within fifth month	
106 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal	
107 490 207 245 Plant filing fee	120	310	220	155	Filing a brief in support of an appeal	
108 710 208 355 Reissue filing fee	121	270	221	135	Request for oral hearing	
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
	140	110	240	55	Petition to revive - unavoidable	
SUBTOTAL (1)' (\$) 355	141	1,240	241	620	Petition to revive - unintentional	
2. EXTRA CLAIM FEES	142	1,240	242	620	Utility issue fee (or reissue)	
Fee from Extra Claims Below Fee Paid	143	440	243	220	Design issue fee	•
Total Claims 38 -20**= 18 x 9 = 162	144	600	244	300	Plant issue fee	
Independent Claims 3 - 3**= 0 X 0 = 0	122	130	122	130	Petitions to the Commissioner	
Multiple Dependent 0 = 0	123	50	123	50	Petitions related to provisional applications	
**or number previously paid, if greater, For Reissues, see below	126	240	126	240	Submission of information Disclosure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each patent assignment per property (times number of properties)	40
103 18 203 9 Claims in excess of 20	146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
102 80 202 40 Independent claims in excess of 3	149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
104 270 204 135 Multiple dependent claim, if not paid						
109 80 209 40 **Reissue independent claims over original patent	Other fe	ee (spec	ify) _		·	
110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other fe	e (spec	ify) _			
SUBTOTAL (2) (\$) 162	*Reduce	ed by Ba	sic Filin	g Fee Pa	aid SUBTOTAL (3) (\$) 40	

SUBMITTED BY	Complete (if	Complete (if applicable)		
Name (Print/Type)	James C. Baker Steven H. Goode Henry L. Kazecki	Registration No. (Attorney/Agent)	Telephone	847-483-9901
Signature			Date	

WARNING: Information on this form may become public.